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AUTHOR Pittayathikhun, Tanutda; Ku, Richard; Rigby, Donna; Mattsson, Marilyn; DeJong, William

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ABSTRACT

This document describes ways in which higher education institutions have responded to the requirements of the 1989 amendments to the Drug-Free Schools and Campuses Act, Part 86, Regulations, and is intended to help institutions improve current programs and avoid overlooking requirements that might result in noncompliance. Chapter 1 presents the certification requirements that higher education institutions must meet under the regulations and notes the consequences of failure to comply; it also provides information on meeting legal requirements not covered in the Part 86 regulations. Chapter 2 outlines the required content of the written policy (standards of conduct, legal sanctions, health risks, drug and alcohol programs, disciplinary sanctions) and offers several formats that can be used to present the required information. Chapter 3 suggests low-cost methods for distributing policies to students and employees; and chapter 4 discusses the preparation and content of biennial reviews, providing some recent examples. Seven appendixes provide information on the Center for Alcohol and Other Drug Prevention; a compliance checklist; a table listing federal penalties for illegal trafficking and possession of controlled substances; a table listing health risks associated with use of illicit drugs and alcohol; copies of university policy statements on drugs and alcohol; and a table listing effects of drug dependency. (CH)

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ED 435 334

COMPLYING WITH THE DRUG-FREE SCHOOLS AND CAMPUSES REGULATIONS

[34 CFR Part 86]

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A Guide for University and College Administrators

U.S. Department of Education

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HE 032 555

Complying with the Drug-Free Schools and Campuses Regulations

[34 CFR Part 86]

A Guide for University and College Administrators

Tanutda Pittayathikhun
Richard Ku
Donna Rigby
Marilyn Mattsson

Abt Associates, Inc.

William DeJong, Ph.D.

Director, Higher Education Center
for Alcohol and Other Drug Prevention

A publication of the Higher Education Center for Alcohol and Other Drug Prevention, funded by the U.S. Department of Education.

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For more information on compliance with the Drug-Free Schools and Campuses Regulations, and on other alcohol and other drug prevention issues contact:

Higher Education Center for Alcohol and Other Drug Prevention

Web site: http://www.edc.org/hec/
Phone: 800/676-1730
E-mail: HigherEdCtr@edc.org

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Purpose of the Guide

This document describes the requirements of the 1989 amendments to the Drug-Free Schools and Campuses Act, as articulated in Part 86, the Drug-Free Schools and Campuses Regulations, and ways in which institutions of higher education (IHEs) have met these requirements. The primary audience for the guide is IHE personnel responsible for preventing the illegal use of alcohol and other drugs (AOD) on campus, especially those staff designated as AOD prevention coordinators. The guide may also be a valuable resource for IHE administrators, including presidents, deans, and legal counsel.

Other publications have addressed the issue of compliance with Part 86.[1] Why, then, is this guide being published at this time? First, recognizing the impact of AOD abuse on the academic performance and, more generally, on the well-being of their students, many IHEs began AOD programming before the Drug-Free Schools and Campuses Act was enacted.

Second, other IHEs have had several years since compliance with Part 86 became mandatory [2] to gain experience designing, developing, and implementing AOD prevention programs. Complying with the spirit—and not just the letter—of the law provides significant benefits for the entire institution and its students.

Complying with the spirit, and not just the letter, of the law provides significant benefits for the school and its students.

This guide assists IHEs in improving their programs by looking at how some of these IHEs have met Part 86 requirements. The guide is also intended to help IHEs avoid overlooking any aspects of Part 86 requirements that might result in noncompliance.

The introductory chapter presents the certification requirements IHEs must meet under the Regulations and notes the consequences of failure to comply; it also provides information on meeting legal requirements not covered under Part 86 Regulations. The subsequent chapters address each of the three general requirements of the Part 86 Regulations. Chapter 2 outlines the requirements of the written policy and describes several formats that IHEs have used to present information required under the Regulations to their students. Chapter 3 suggests low-cost methods for distributing policies to students and employees. Chapter 4 discusses the preparation of biennial reviews and provides excerpts from the reports of several IHEs.

Executive Summary

Certification Requirements

Part 86, the Drug-Free Schools and Campuses Regulations, requires that, **as a condition of receiving funds or any other form of financial assistance under any federal program, an institution of higher education (IHE) must certify that it has adopted and implemented a program to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees.**

Creating a program that complies with the Regulations requires an IHE to (1) prepare a **written policy** on alcohol and other drugs; (2) develop a sound method for **distribution of the policy** to every student and IHE staff member each year; and (3) prepare a **biennial report** on the effectiveness of its alcohol and other drug (AOD) programs and the consistency of policy enforcement.

The Drug-Free Schools and Campuses Regulations also require an IHE to submit a written certification to the Secretary of Education that it has adopted and implemented a drug prevention program as described in the Regulations.

The Drug-Free Schools and Campuses Regulations establish a **minimum set of requirements** for college substance use policies. Colleges may also have additional obligations under state law. Equally important may be recent court decisions in lawsuits brought against IHEs by college and university students and employees. *Consultation with an attorney knowledgeable in this area is highly recommended.*

Failure to Comply with the Drug-Free Schools and Campuses Regulations

If an IHE fails to submit the necessary certification or violates its certification, the Secretary of Education may terminate all forms of financial assistance, whether from the Department of Education or other federal agencies, and may require repayment of such assistance, including individual students' federal grants, such as Pell grants. The Department of Education may also arrange to provide technical assistance toward the development of a plan and agreement that brings the IHE into full compliance as soon as feasible.

The possibility of loss of federal funding exists in the provision that "the Secretary annually reviews a representative sample of IHE drug prevention programs." If the Secretary of Education selects an IHE for review, the IHE shall provide the Secretary access to personnel records, documents, and any other necessary information requested for this review.

Content of the Written Policy

The Drug-Free Schools and Campuses Regulations require IHEs to develop a written policy that describes **standards of conduct** that clearly "prohibit, at a minimum, the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees on its property or as part of any of its activities."

The written policy must also include (1) a description of the applicable **legal sanctions** under federal, state, or local laws for the unlawful possession or distribution of illicit drugs and alcohol; (2) a description of the **health risks** associated with the use of illicit drugs and the abuse of alcohol; (3) a description of any **drug and alcohol programs** (counseling, treatment, rehabilitation, and re-entry) that are available to employees or students; and (4) a clear statement that the IHE will impose **disciplinary sanctions** on students and employees for violations of the standards of conduct

and a description of those sanctions, up to and including expulsion or termination of employment and referral for prosecution.

Institutions of higher education have fulfilled these requirements in a number of different ways, depending on their campus environment, available resources, and creativity.

Distribution of the Policy

The Department of Education requires that each IHE distribute its AOD policy annually in writing. If new students enroll or new employees are hired after the annual distribution date, these students and employees must also receive the materials. The Department of Education has stated that merely making the materials available to those who wish to take them does not satisfy the requirements of the Regulations, as that does not ensure distribution to every student and employee. A description of what the IHE does to ensure distribution to all students and employees is sufficient to establish compliance.

Although many IHEs found it difficult at first to distribute the policy to every student and staff member each year, with experience they have found more cost-efficient methods for producing and distributing their policies and for encouraging students to read them. One successful technique has been to include the policy in materials that the school already distributes and to which students often refer, such as registration materials, academic calendars, or class schedules.

The Biennial Review

The Drug-Free Schools and Campuses Regulations require IHEs to review their AOD programs and policies every two years. The required review has two objectives: (1) to determine the effectiveness of, and to implement any needed changes to, the AOD program; and (2) to ensure that the disciplinary sanctions for violating standards of conduct are enforced consistently.

Because the Regulations do not specify what a biennial review should include or how it should be conducted, schools have considerable leeway in determining how to conduct and what to include in their biennial review.

In practice, biennial reviews range from 2 to almost 30 pages. The more thorough biennial reviews include (1) descriptions of the AOD program elements; (2) a statement of AOD program goals and a discussion of goal achievement; (3) summaries of AOD program strengths and weaknesses; (4) procedures for distributing AOD policy to students and employees; (5) copies of the policies distributed to students and employees; and (6) recommendations for revising AOD programs.

Although IHEs produce a wide variety of acceptable biennial reviews, the most useful reviews point to areas in a program or policy that need improvement or that can continue unchanged.

CHAPTER 1

Introduction

Certification Requirements

Part 86, the Drug-Free Schools and Campuses Regulations, requires that, **as a condition of receiving funds or any other form of financial assistance under any federal program, an institution of higher education (IHE)[3] must certify that it has adopted and implemented a program to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees.**[4]

In order to certify its compliance with the Part 86 Regulations, an IHE must adopt and implement a drug prevention program to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by all students and employees both on school premises and as part of any of its activities. Creating a program that complies with the Regulations requires an IHE to do the following:

(1) prepare a **written policy** on alcohol and other drugs;

(2) develop a sound method for **distribution of the policy** to every student and IHE staff member each year; and

(3) prepare a **biennial report** on the effectiveness of its alcohol and other drug (AOD) programs and the consistency of policy enforcement.

The Drug-Free Schools and Campuses Regulations also require an IHE to submit a written certification to the Secretary of Education that it has adopted and implemented a drug prevention program as described in the Regulations.

A **checklist** to help IHEs determine their compliance with Part 86 appears in Appendix 2.

The Drug-Free Schools and Campuses Regulations[5] establish a **minimum set of requirements** for college substance use policies. Colleges may also have additional obligations under state law. Equally important may be recent court decisions in lawsuits brought against IHEs by college and university students and employees.[6] *Consultation with an attorney knowledgeable in this area is highly recommended.*

Failure to Comply with the Drug-Free Schools and Campuses Regulations

If an IHE fails to submit the necessary certification or violates its certification, the Secretary of Education may terminate all forms of financial assistance, whether from the Department of Education or other federal agencies, and may require repayment of such assistance, including individual students' federal grants, such as Pell grants. The Department of Education may also arrange to provide technical assistance toward the development of a plan and agreement that brings the IHE into full compliance as soon as feasible.[7]

The possibility of loss of federal funding exists in the provision that "the Secretary annually reviews a representative sample of IHE drug prevention programs."[8] If the Secretary of Education selects an IHE for review, the IHE shall provide the Secretary access to personnel records, documents, and any other necessary information requested for this review.[9]

Information on Other Legal Requirements

Some college administrators mistakenly believe that Part 86 is what defines their legal responsibilities in this area. It does so, but only in part. Equally important are recent judicial rulings in negligence suits against colleges and universities.

A number of court rulings have made clear that, while schools cannot be expected to control student conduct, they must ensure that their activities, offerings, and programs meet minimum standards of care, and they must take steps to deal with dangerous situations on campus. In short, colleges and universities have the same responsibilities as other property owners. Meeting these requirements means having clear rules and a standard of firm and consistent enforcement.

IHE officials who want a broad overview of current case law and its implications for what IHEs need to do should refer to *Setting Policies for Reducing Alcohol and Other Drug Problems on Campus: A Guide for School Administrators*. The publication reviews policy options for IHEs to consider and describes a workable process for implementing or revising policies that will have broad-based campus support. Copies are available through the Higher Education Center for Alcohol and Other Drug Prevention (see Appendix 1).

CHAPTER 2

Content of the Written Policy

The Drug-Free Schools and Campuses Regulations require IHEs to develop a written policy that describes **standards of conduct** that clearly "prohibit, at a minimum, the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees on its property or as part of any of its activities." [10]

The written policy must also include:

(1) a list of applicable **legal sanctions** under federal, state, or local laws for the unlawful possession or distribution of illicit drugs and alcohol;

(2) a description of the **health risks** associated with the abuse of alcohol or use of illicit drugs;

(3) a list of **drug and alcohol programs** (counseling, treatment, rehabilitation, and re-entry) that are available to employees or students; and

(4) a clear statement that the IHE will impose **disciplinary sanctions** on students and employees for violations of the standards of conduct and a description of those sanctions, up to and including expulsion or termination of employment and referral for prosecution. [11]

Standards of Conduct

Standards of conduct are broad statements that govern the behavior of students and staff as members of the IHE community. They may range from statements that simply prohibit illegal activities related to alcohol and other drugs or they may reflect more specific expectations established by the IHE.

Standards of conduct may range from statements prohibiting illegal activities related to alcohol and other drugs to statements reflecting the institution's more specific expectations.

The standards of conduct should *apply to all students who are registered at an IHE for at least one course for any type of credit, except for continuing education units*. Students who hold part-time jobs within the institution are covered by both student and employee policies. At some schools, students working as employees are covered while on duty under the employee policy; otherwise, they are covered under the student policy.

An IHE's standards of conduct also *apply to all on-campus activities and to off-campus activities that are considered to be school-sponsored*, such as officially sanctioned field trips. [12] Foreign study programs also fall under these requirements. [13]

The standards of conduct have also been interpreted to apply to student-sponsored social activities or professional meetings attended by employees, if these activities or meetings are considered IHE-sponsored activities. If a fraternity or sorority is recognized by an IHE, then its activities may be considered to be activities of the IHE and may be covered by its standards of conduct, even if the fraternity or sorority is located off-campus. [14]

Legal Sanctions

A description of *federal penalties and sanctions* for illegal trafficking and possession of a controlled substance appears in Appendix A, the **Federal Register announcement of the Drug-Free Schools and Campuses Regulations** (see Appendix 3 of this guide). According to the Department of Education, this represents the minimum level of information about federal laws that IHEs must provide to students and employees in order to comply with the Regulations.

IHEs may also wish to copy or summarize relevant sections of their *state penal codes* or *local ordinances* dealing with illegal substances. An AOD policy should stipulate that a student or employee who violates the AOD policy is subject both to the institution's sanctions and to criminal sanctions provided by federal, state, or local law.

An alcohol and drug policy should stipulate that anyone who violates the policy is subject both to the institution's sanctions and to criminal sanctions.

A common method schools use to present federal, state, and local laws and sanctions is to summarize them in a chart. A combination of styles is also an option — e.g., reproducing the federal sanctions chart from Part 86 (see Appendix 3) and presenting state sanctions in a narrative format (see Appendix 5 for an example).

Health Risks

Statements of health risks associated with the use of alcohol and illicit drugs can be found in Appendix B of 34 C.F.R. Part 86 (see Appendix 4 of this guide). According to the Department of Education, these statements represent the minimum level of information that IHEs must distribute.

Statements of health risks associated with the use of alcohol and other drugs represent the minimum level of information that schools must distribute.

Some policy statements summarize health risks in the form of a chart. Walla Walla College uses a chart that shows, for each prohibited class of substances (narcotics, depressants, stimulants, hallucinogens, cannabis, alcohol, and tobacco):

- the risk of dependence,
- possible short-term effects,
- possible long-term effects, and
- the effects of overdose.

By contrast, the health risks portion of the policy issued by the Institute of American Indian Arts consists of five pages of narrative in small, boldface type. This format provides more detail than the Walla Walla document, but risks losing readers' interest because of the format.

The University of Georgia describes the health risks of alcohol and other drugs in a clear, easy-to-read format. The narratives use nontechnical language to

describe the effects and possible risks of using alcohol or other drugs (see Appendix 6). Southern Illinois University takes the descriptions even further by presenting a chart of the risks of physical and psychological dependence for various drugs, in addition to their possible effects (see Appendix 7).

Drug and Alcohol Programs

Part 86, the Drug-Free Schools and Campuses Regulations, requires the written policy to include, at a minimum, a description of alcohol and other drug programs (prevention, counseling, treatment, rehabilitation, and re-entry) available to students. [15]

Disciplinary Sanctions

The Regulations further require the written policy to include a description of the range of disciplinary sanctions an IHE may impose if the standards of conduct are violated, plus an explicit statement that these sanctions will be imposed. [16] It should be noted that disciplinary sanctions that apply to faculty and staff may differ from one another depending on the terms set forth in union contracts.

Responsibility for the enforcement of standards of conduct is not specifically mentioned in 34 C.F.R. Part 86,[17] but it is clear from the Regulations that IHE administrators are responsible for enforcing the standards. In most cases, this responsibility is shared among campus police or security personnel, health providers, faculty, and students (especially where there is a student honor code).

Responsibility for enforcing standards of conduct is usually shared among campus police or security personnel, health providers, faculty, and students.

It is important to remember that a student disciplinary committee or other judicial body at the IHE does not have the sole responsibility for imposing sanctions for violations of the school's policy on alcohol and other drugs. Depending on the particular campus, the housing office, academic departments, the athletic program, and other departments can also impose additional sanctions against students who violate their specific AOD policies.

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CHAPTER 3

Distribution of the Policy

The Department of Education requires that each IHE distribute its AOD policy annually in writing. [18] If new students enroll or new employees are hired after the annual distribution date, these students and employees must also receive the materials.

Concerning the obligation of IHEs to provide each student and employee with a copy of the IHE's policy, the Department of Education has stated that merely making the materials available to those who wish to take them does not satisfy the requirements of the Regulations, as that does not ensure distribution to every student and employee.

A description of what the IHE does to ensure distribution to all students and employees is sufficient to establish compliance. Some IHEs have established distribution systems in which students or employees must sign a statement attesting to their having received the materials, but that is not expressly required by the Regulations.

Some institutions have established distribution systems in which students or employees must sign a statement attesting to their having received a copy of the alcohol and other drug policy.

Distribution to Students

The U.S. mail system is probably the best way to ensure distribution to all students. According to the Regulations, if an IHE uses mailing as a means of distribution and the mailing to a particular student is returned, the IHE should use the method it normally would to locate and deliver a mailing to a particular student under those circumstances.

Lower-cost options for student distribution can also meet the requirement, such as distributing the written policy in required classes or during freshman orientation, including it in the registration packet each student receives, enclosing it with invoices for student financial accounts, or incorporating it into other materials (e.g., yearly calendar, schedule of classes, student handbook). Electronic mail (e-mail) is another option when all students or employees have access. Several schools have found that a combination of techniques works best.

Distribution to Employees

Distribution to employees can be accomplished by enclosing the policy once a year with employees' paychecks. Other IHEs enclose it with the annual W-2 form, which reaches every employee regardless of length of employment. Another option is to include the policy in an annually distributed faculty/staff handbook. Giving the written policy to employees only at the beginning of their employment does not meet the requirement that the policy be distributed annually.

While the Regulations do not place an affirmative duty on IHEs to ensure that students and employees read the materials, in keeping with the spirit of the Regulations, schools should take steps to encourage students and employees to read the policies (see "Strategies for Engaging the Attention of Students and Employees").

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Strategies for Engaging the Attention of Students and Employees

Create a Readable Policy. Policies that are written with an engaging (as opposed to a legalistic) style, use bulleted lists, and, if the budget allows, include appealing graphics are most likely to hold the interest of students and employees. Walla Walla College, for example, uses a calendar-style pamphlet with pages of differing length, which create tabs to mark various sections of the pamphlet. The pamphlet is printed on heavy paper and attractively illustrated.

Distribute Policy Summaries. The Regulations allow IHEs to distribute concise summaries of the written policy, with references to longer documents. The University of Delaware, for example, distributes a three-page letter annually to students. The letter summarizes the policy and refers students to their handbook for complete information.

Incorporate the Policy into Frequently Read Documents. Experienced administrators suggest that the policy has a better chance of being read if it is incorporated into other documents that are known to hold students' interest:

- Texas Christian University prints its policy on the yearly calendar that it distributes to all students annually.
- Eastern Oregon State College prints its AOD policy on its schedule of classes.
- At Southwest Texas State University, the policy is printed in a pamphlet, registration materials, and the student handbook. The handbook, which also contains rules, helpful hints, and the school calendar, is often used by students on a daily basis.

Distribute the Policy as Widely as Possible. Mt. San Antonio Community College prints its AOD policy or parts of the policy in student and faculty handbooks, on brochures put in mailboxes, on 500 classroom posters, and on parking permits. Because Mt. San Antonio is a commuter college, almost every student has a parking permit displayed in his or her car, at eye level, every day.

Provide Incentives for Reading the Policy. Utah State University devised an innovative strategy to encourage students to read its policy. Students must register for classes by telephone. Before beginning the registration process, they are asked if they have read the university's policy on AOD use that was given to them with their other registration materials. If a student answers no, the telephone connection is immediately broken and registration cannot proceed. This approach provides a documented record of a student's affirmation of having received the policy statement and records the student's avowal of having read the material.

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CHAPTER 4

The Biennial Review

The Drug-Free Schools and Campuses Regulations require IHEs to review their AOD programs and policies every two years. Because the Regulations do not specify what a biennial review should include or how it should be conducted, schools have considerable leeway in determining how to conduct and what to include in their biennial review. Although IHEs produce a wide variety of acceptable biennial reviews, the most useful reviews point to policy or program areas that need improvement or that can continue unchanged.

The most useful biennial reviews point to policy or program areas that need improvement or that can continue unchanged.

The required review has two objectives:

(1) to determine the effectiveness of, and to implement any needed changes to, the AOD program; and

(2) to ensure that the disciplinary sanctions for violating standards of conduct are enforced consistently.[19]

Although the Regulations do not specify what information schools must collect or how to conduct the reviews, the Department of Education does offer examples of measures that can be used to determine effectiveness, and many IHEs have found that information they already collect can be used to meet these requirements (see "Measuring Enforcement Consistency and "Measuring Policy and Program Effectiveness").

Preparation of the Biennial Review

It is common practice for the biennial review to be prepared by a task force or committee that is responsible for reviewing AOD policies and programs. If a new review panel is formed for the purpose of preparing the biennial report, there should be active involvement from representatives of several key departments and campus constituencies that have immediate knowledge of alcohol- and drug-related problems and the programs and policies in place to address them.

It is common practice for a task force or committee responsible for reviewing alcohol and other drug policies and programs to prepare the biennial review.

The groups most often represented on review panels include AOD prevention and education organizations, counseling services, campus law enforcement, student health services, personnel, student affairs offices, and residential life/housing offices.[20] The IHE president, if not personally involved, should have a representative at all meetings. The final report should also be signed and approved by the president.

Many schools collect information for the report on a continuous basis, rather than waiting until just before the due date. For example, Saddleback College's committee, which meets quarterly, sends notices to

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the personnel and security offices to request AOD-related information twice a year. Then, a month before the members begin work on the biennial review, they solicit additional information from the student government and the athletic department.

Contents of the Biennial Review

In practice, biennial reviews range from 2 to almost 30 pages. The more thorough biennial reviews include:

(1) descriptions of the AOD program elements;

(2) a statement of AOD program goals and a discussion of goal achievement;

(3) summaries of AOD program strengths and weaknesses;

(4) procedures for distributing AOD policy to students and employees;

(5) copies of the policies distributed to students and employees; and

(6) recommendations for revising AOD programs.

The cost of producing the biennial reviews varies greatly, according to a survey by Bowling Green State University.[21] The average cost in 1993 (not including staff time) was $996, with a range from $0 to $6,000.

Measuring Enforcement Consistency

Consistent enforcement of sanctions can be established by documenting that the IHE treats "similarly situated offenders in a similar manner." This can be established by submitting a chart that lists each case (without identifying information in order to protect confidentiality) and presents the particulars of the offense, mitigating or aggravating circumstances, and disposition. Organizing the list so that similar cases are grouped together will facilitate comparisons across cases.

Efforts to enforce sanctions consistently may also be established by documenting (1) the level of effort expended to detect violations of the institution's AOD standards of conduct, and (2) the level of expertise of those who are responsible for detecting AOD-related violations. A combination of department budgets, staff plans, and personnel records could be used to assemble and organize this information.

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Measuring Policy and Program Effectiveness

The Department of Education has not specified particular criteria or measures to gauge program effectiveness beyond requiring that evaluations of program effectiveness do not rely solely on anecdotal observations. However, the Department has listed examples of measures that IHEs can use to assess effectiveness.

One set of possible measures comes from records of drug- and alcohol-related events, including:

(1) disciplinary sanctions imposed;

(2) referrals for counseling or treatment;

(3) incidents recorded in the logs of campus police or other law enforcement officials; or

(4) incidents of vandalism.

These measures offer indirect indicators of AOD use levels by looking at the consequences of use. For example, a reduction in the number of disciplinary sanctions for violations of AOD standards of conduct might be indicative of lower AOD use.

Given well-organized and reliable record-keeping systems, these measures should be easy to compile from records maintained by the various IHE service departments. Disciplinary sanctions could be compiled from the office of the dean of students or other sanctioning entities within the IHE; referrals for counseling or treatment, from health services; and incidents stemming from drug or alcohol use and vandalism, from campus police or law enforcement records.

Employing these types of measures to judge use levels is problematic, however, because there are other possible explanations for any observed reductions such as more surreptitious use by students or reductions in enforcement. Likewise, changes in the number of AOD-related incidents recorded by campus police may indicate changes in use or just changes in the level of AOD enforcement.

Reductions in the number of AOD referrals may also be difficult to interpret. In fact, if an early program goal is to identify and refer students and employees with AOD problems for help, a higher number of referrals compared to previous years might indicate the achievement of this goal, but no change in the number of students or employees abusing alcohol or other drugs.

Other potential measures suggested by the Department of Education include the following:

(1) the number of students or employees attending self-help or other counseling groups that address alcohol or drug abuse;

(2) student, faculty, and employee attitudes and perceptions about the drug and alcohol problem on campus; and

(3) use levels of alcohol and other drugs by students and employees.

These measures require surveys of students and employees every other year, a more costly proposition than compiling records routinely maintained by the institution. IHEs may want to utilize resources available through the Core Institute for assistance in conducting low-cost AOD surveys. The Institute has developed survey forms for both students and faculty/staff on AOD use and perceptions of use. For more information, contact: The Core Institute, Center for Alcohol and Drug Studies, Southern Illinois University, Carbondale, IL 62901, (618) 453-4364, Fax (618) 453-4449.

In addition, the Core Institute has published a user's manual that describes how to plan and conduct the Core surveys, including sections on random sampling, sample size, and follow-up. After an IHE has collected the data, it can be sent to the Institute for scoring and tabulation. The Institute will also provide comparison statistics from all IHEs in its database or from IHEs in the same region.

A publication available from the Higher Education Center for Alcohol and Other Drug Prevention may also be helpful: *Preventing Alcohol-Related Problems on Campus: Methods for Assessing Student Use of Alcohol and Other Drugs—A Guide for Program Coordinators*. This document describes procedures for gathering and interpreting student survey data on alcohol-related problems, based on the methodology used in a national college alcohol study conducted in 1993 by the Harvard School of Public Health.

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Illustrations from Recent Biennial Reviews

Statement of AOD Program Goals and a Discussion of Goal Achievement

Our unit accomplished nine main goals in 1993-1994. These were:

1) Implementation of the FIPSE grant project:

The Alcohol/Substance Abuse Educator (A.S.A.E.) has served as the project director for the FIPSE grant. The project coordinator responsible for the implementation of the project components began employment in January of 1994. Some of the main accomplishments of this project include the completion of the pre-test assessment, initiation of focus groups targeting specific segments of the student body, the implementation of a Faculty/ Staff Natural Helpers training program, the launching of a Guerrilla Theater project, and the implementation of a life skills course on campus.

2) [etc.]

Drug-Free Schools and Campuses Regulations Compliance, from Northwestern University 1994 Annual Report

Summaries of AOD Program Strengths and Weaknesses

Drug-Free Schools and Communities Act Amendment, 1989/Drug-Free Workplace Act, 1988 Compliance:

Policy documents were reviewed by the committee for compliance, and the following notes were taken:

A. Favorable compliance

*The institution has developed and maintains a drug prevention policy.

*The institution distributes annually to each student a copy of the drug-free policy.

*The institution provides services and activities to promote a strong drug-free campus environment.

*The institution conducts a biennial review of its drug prevention program and policy to determine effectiveness, implements necessary changes, and ensures that disciplinary sanctions are enforced.

*The institution tracks the number of drug- and alcohol-related legal offenses and referrals for counseling and treatment.

B. Compliance concerns

*Drug-free policy is distributed to new employees; need to implement *annual* distribution to all employees.

*Ensure that students who enroll after fall quarter or who are graduate or summer students only are receiving the policy.

*Ensure that the drug-free policy is readable; currently, small print in handbook is difficult to read.

*Recommendation made that "No Smoking" signs be placed about campus.

From the 1994 Biennial Review of Alcohol and Drug Abuse Prevention Programs at Walla Walla College

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Recommendations for Revising AOD Programs

It is recommended that the following issues be addressed by the next review period in 1996:

1. The required information, as described in the Drug-Free Schools and Campuses Act, Public Law 101-226, be annually distributed to employees.

2. Establish a presidential-appointed Biennial Review Committee with campus-wide representation to begin the planning stages of the 1996 Review.

3. Continue to discuss and review the current Alcohol and Drug Policy with the campus community and update as needed.

4. Improve the utilization of the Annual Campus Crime Report to evaluate the enforcement of the disciplinary sanctions that are stated in the Alcohol and Drug Policy Handbook.

5. Continue surveying the campus community for the evaluation of the community's knowledge of the Alcohol and Drug Policy, the effectiveness of the drug prevention program, and the enforcement of the disciplinary sanction for both students and employees.

6. Improve data collecting procedures for the Biennial Review.

From the Institute of American Indian Arts Drug Prevention Program 1994 Biennial Review

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NOTES

1. See, for example, D.D. Gehring and C.J. Palmer, *Handbook for Complying with Program and Review Requirements of the 1989 Amendments to the Drug-Free Schools and Communities Act* (College Administration Publications, Inc., 1989); and R. Wilson and J. Radakovich, *Drug Policies and Programs* Review (Saddleback Community College, 1992).

2. Unless there is a change in ownership (as might occur at a proprietary institution), certification is a one-time event for an IHE and, presumably, one that has already taken place for all IHEs to which this document is directed.

3. Additionally, the law covers state education agencies (SEA) and local education agencies (LEA). See 34 C.F.R. Section 86.1.

4. 34 C.F.R. Section 86.1 entitled, "What Is the Purpose of the Drug-Free Schools and Campuses Regulations?" and 20. U.S.C. 1145g.

5. Also known as Part 86 of the Education Department General Administrative Regulations (EDGAR), 34 C.F.R. parts 74-77, 79-82, 85, and 86.

6. For an excellent discussion of some of the leading cases is this area, see Robert D. Bickel and Peter F. Lake, "Reconceptualizing the University's Duty to Provide a Safe Learning Environmment: A Criticism of the Doctrine of *In Loco Parentis* and the Restatement (Second) of Torts," *20 Journal of College and University Law 261* (Winter 1994); also see John H. Robinson and Catherine Pieronek, "The Law of Higher Education and the Courts: 1994 in Review," *22 Journal of College and University Law 267* (Winter 1996).

7. See 34 C.F.R. Section 86.301, entitled "What Actions May the Secretary Take If an IHE, SEA, or LEA Violates This Part?"

8. 34 C.F.R. Section 86.101. Also see 20 U.S.C. 1145g.

9. 34 C.F.R. Section 86.102 and 20 U.S.C. 1145g. In addition, each IHE that provides the drug prevention program certification as required by the regulations shall, upon request, make available to the Secretary and the public a copy of each item required by the Regulations as well as the results of the biennial review. See 34 C.F.R. Section 86.103 (a).

10. See 20 U.S.C. 1145g and 34 C.F.R. Section 86.100 (a) (1).

11. See 20 U.S.C. 1145g and 34 C.F.R. Section 86.100 (a) (2), (3), (4), (5). A disciplinary sanction may include the completion of an appropriate rehabilitation program.

12. See 34 C.F.R. 86.100 (a) (1). Case law in this area varies.

13. The Department of Education has issued a directive clarifying its position on this issue.

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14. Judicial decisions with respect to the activities of sororities and fraternities located on- and off-campus continue to vary, with some courts finding IHEs responsible and others ruling that the fraternity event was not an officially sanctioned activity. Case law in this area tends to vary from state to state and even within jurisdictions. Often the court ruling rests on the particular facts of the case. See Robert D. Bickel and Peter F. Lake, "Reconceptualizing the University's Duty to Provide a Safe Learning Environment: A Criticism of the Doctrine of *In Loco Parentis* and the Restatement (Second) of Torts," *20 Journal of College and University Law 261* (Winter 1994).

15. 34 C.F.R. Section 86.100 (a) (4) and 20 U.S.C. 1145g.

16. 34 C.F.R. Section 86.100 (a) (5) and 20 U.S.C. 1145g. Also see 34 C.F.R. Section 86.200 (d). For the purposes of this section, a disciplinary sanction may include the completion of an appropriate rehabilitation program.

17. IHEs are required to assess the consistency of enforcement in their biennial reviews. See chapter 4 of this guide.

18. 34 C.F.R. Section 86.3 (b) and 20 U.S.C. 1145g, 3224a.

19. 34 C.F.R. Section 86.200 (h) and 20 U.S.C. 3224a.

20. D.D. Gehring, C.J. Palmer, and M.R. Gillilan, *The Drug-Free Schools and Communities Act Biennial Reviews: How Can They Be Improved?* (BACCHUS Peer Education Network, 1993).

21. Gehring et al., *Drug-Free Schools and Communities Act Biennial Reviews*.

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APPENDIX 1

The U.S. Department of Education established the Higher Education Center for Alcohol and Other Drug Prevention in 1993 to provide nationwide support for campus alcohol and other drug prevention efforts. The Center works with colleges, universities, and proprietary schools throughout the country to develop strategies for changing campus culture, to foster environments that promote healthy lifestyles, and to prevent illegal alcohol and other drug use among students.

A central feature of the Center's work is the promotion of multiple prevention strategies that affect the campus environment as a whole and can, thereby, have a large-scale impact on the entire campus community. This approach represents a shift in thinking about prevention and suggests new leadership roles that administrators, faculty, other campus officials, and students can play to reduce harm from alcohol and other drug use and to promote academic achievement.

The Center offers an integrated array of services aimed at helping people working at colleges and universities adopt effective prevention strategies and approaches.

- Training and professional development activities
- Technical assistance
- Publication and dissemination of prevention materials
- Training and technical assistance on Drug-Free Schools and Campuses Regulations (codified as Part 86 of EDGAR) compliance requirements
- Support for the Network of Colleges and Universities Committed to the Elimination of Drug and Alcohol Abuse
- Assessment, evaluation, and analysis activities, such as a nationwide search for promising practices

Get in Touch . . .

Additional information can be obtained by contacting the Higher Education Center directly:

The Higher Education Center for Alcohol and Other Drug Prevention
Education Development Center, Inc.
55 Chapel Street
Newton, Massachusetts 02158-1060

Web site: http://www.edc.org/hec/
Phone: 800/676-1730
E-mail: HigherEdCtr@edc.org

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APPENDIX 2

PART 86, Drug-Free Schools and Campuses Regulations Compliance Checklist

Part 86. Drug-Free Schools and Campuses Regulations Compliance Checklist

1. Does the institution maintain a copy of its drug prevention program?
   Yes ❒ No ❒
   If yes, where is it located? _____

   _____

2. Does the institution provide *annually* to *each employee* and *each student*, who is taking one or more classes for any type of academic credit except for continuing education units, written materials that adequately describe and contain the following?
   a) Standards of conduct that prohibit unlawful possession, use, or distribution of illicit drugs and alcohol on its property or as a part of its activities
      Students: Yes ❒ No ❒ Staff and Faculty: Yes ❒ No ❒
   b) A description of the health risks associated with the use of illicit drugs and the abuse of alcohol
      Students: Yes ❒ No ❒ Staff and Faculty: Yes ❒ No ❒
   c) A description of applicable legal sanctions under local, state, or federal law
      Students: Yes ❒ No ❒ Staff and Faculty: Yes ❒ No ❒
   d) A description of applicable counseling, treatment, or rehabilitation or re-entry programs
      Students: Yes ❒ No ❒ Staff and Faculty: Yes ❒ No ❒
   e) A clear statement of the disciplinary sanctions the institution will impose on students and employees, and a description of those sanctions
      Students: Yes ❒ No ❒ Staff and Faculty: Yes ❒ No ❒

3. Are the above materials distributed to students in one of the following ways?
   a) Mailed to each student (separately or included in another mailing)
      Yes ❒ No ❒
   b) Through campus post offices boxes
      Yes ❒ No ❒
   c) Class schedules which are mailed to each student
      Yes ❒ No ❒
   d) During freshman orientation
      Yes ❒ No ❒
   e) During new student orientation
      Yes ❒ No ❒

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f) In another manner *(describe)*

_____

_____

4. Does the means of distribution provide adequate assurance that each student receives the materials annually?

   Yes ❒ No ❒

5. Does the institution's distribution plan make provisions for providing these materials to students who enroll at some date after the initial distribution?

   Yes ❒ No ❒

6. Are the above materials distributed to staff and faculty in one of the following ways?

   a) Mailed
   Staff: Yes ❒ No ❒ Faculty: Yes ❒ No ❒

   b) Through campus post office boxes
   Staff: Yes ❒ No ❒ Faculty: Yes ❒ No ❒

   c) During new employee orientation
   Staff: Yes ❒ No ❒ Faculty: Yes ❒ No ❒

   d) In another manner *(describe)* _____

   _____

7. Does the means of distribution provide adequate assurance that each staff and faculty member receives the materials annually?

   Staff: Yes ❒ No ❒ Faculty: Yes ❒ No ❒

8. Does the institution's distribution plan make provisions for providing these materials to staff and faculty who are hired after the initial distribution?

   Staff: Yes ❒ No ❒ Faculty: Yes ❒ No ❒

9. In what ways does the institution conduct biennial reviews of its drug prevention program to determine effectiveness, implement necessary changes, and ensure that disciplinary sanctions are enforced?

   a) Conduct student alcohol and drug use survey
   Yes ❒ No ❒

   b) Conduct opinion survey of its students, staff, and faculty
   Students: Yes ❒ No ❒ Staff and Faculty: Yes ❒ No ❒

   c) Evaluate comments obtained from a suggestion box
   Students: Yes ❒ No ❒ Staff and Faculty: Yes ❒ No ❒

   d) Conduct focus groups
   Students: Yes ❒ No ❒ Staff and Faculty: Yes ❒ No ❒

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e) Conduct intercept interviews
Students: Yes ❒ No ❒ Staff and Faculty: Yes ❒ No ❒

f) Assess effectiveness of documented mandatory drug treatment referrals for students and employees
Students: Yes ❒ No ❒ Staff and Faculty: Yes ❒ No ❒

g) Assess effectiveness of documented cases of disciplinary sanctions imposed on students and employees
Students: Yes ❒ No ❒ Staff and Faculty: Yes ❒ No ❒

h) Other (*please list*)

_____

_____

10. Who is responsible for conducting these biennial reviews?

_____

_____

11. If requested, has the institution made available, to the Secretary and the public, a copy of each requested item in the drug prevention program and the results of the biennial review?
Yes ❒ No ❒

12. Where is the biennial review documentation located?

Name_____

Title_____

Department_____

Phone_____ e-mail_____

13. Comments

_____

_____

APPENDIX 3

Federal Penalties and Sanctions for Illegal Trafficking and Possession of a Controlled Substance

Federal Trafficking Penalties (As of January 1, 1996)

Controlled Substances Act Schedule*	1st Offense	2nd Offense	Quantity	Drug	Quantity	1st Offense	2nd Offense
I and II	• Not less than 5 years. Not more than 40 years • If death or serious injury, not less than 20 years or more than life • Fine of not more than $2 million individual, $5 million other than individual	• Not less than 10 years. Not more than life • If death or serious injury, not less than life • Fine of not more than $4 million individual, $10 million other than individual	10-99 gm pure or 100-999 gm mixture	Metham-phetamine	100 gm or more pure of 1 kg or more mixture	• Not less than 10 years. Not more than life • If death or serious injury, not less than 20 years or more than life • Fine of not more than $4 million individual, $10 million other than individual	• Not less than 20 years. Not more than life • If death or serious injury, not less than life • Fine of not more than $8 million individual, $20 million other than individual
			100-999 gm mixture	Heroin	1 kg or more mixture		
			500-4,999 gm mixture	Cocaine	5 kg or more mixture		
			5-49 gm mixture	Cocaine Base	50 gm or more mixture		
			10-99 gm pure or 100-999 gm mixture	PCP	100 gm or more pure or 1 kg or more mixture		
			1-9 gm mixture	LSD	10 gm or more mixture		
			40-399 gm mixture	Fentanyl	400 gm or more mixture		
			10-99 gm mixture	Fentanyl Analogue	100 gm or more mixture		

*The Controlled Substances Act (1970) places all substances regulated under federal law into one of five schedules based on the substance's medical use, potential for abuse, and safety or dependence liability.

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APPENDIX 3 (cont.)

Federal Penalties and Sanctions for Illegal Trafficking and Possession of a Controlled Substance

Federal Trafficking Penalties (As of January 1, 1996)

Controlled Substances Act Schedule	Drug	Quantity	1st Offense	2nd Offense
I and II	Others (law does not include marijuana, hashish, or hash oil)	Any	• Not more than 20 years • If death or serious injury, not less than 20 years, not more than life • Fine $1 million individual, $5 million not individual	• Not more than 30 years • If death or serious injury, life • Fine $2 million individual, $10 million not individual
III	All (included in Schedule III are anabolic steroids, codeine and hydrocodone with aspirin or Tylenol®, and some barbiturates)	Any	• Not more than 5 years • Fine not more than $250,000 individual, $1 million not individual	• Not more than 10 years • Fine not more than $500,000 individual, $2 million not individual
IV	All (included in Schedule IV are Darvon®, Talwin®, Equanil®, Valium®, and Xanax®)	Any	• Not more than 3 years • Fine not more than $250,000 individual, $1 million not individual	• Not more than 6 years • Fine not more than $500,000 individual, $2 million not individual
V	All (over-the-counter cough medicines with codeine are classified in Schedule V)	Any	• Not more than 1 year • Fine not more than $100,000 individual, $250,000 not individual	• Not more than 2 years • Fine not more than $200,000 individual, $500,000 not individual

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APPENDIX 3 (cont.)

Federal Penalties and Sanctions for Illegal Trafficking and Possession of a Controlled Substance

Federal Trafficking Penalties - Marijuana (includes hashish and hashish oil) (as of January 1, 1996)

Description	Quantity	1st Offense	2nd Offense
Marijuana	1,000 kg or more mixture; or 1,000 or more plants	• Not less than 10 years, not more than life • If death or serious injury, not less than 20 years, not more than life • Fine not more than $4 million individual, $10 million other than individual	• Not less than 20 years, not more than life • If death or serious injury, not more than life • Fine not more than $8 million individual, $20 million other than individual
Marijuana	100 kg to 999 kg mixture; or 100-999 plants	• Not less than 5 years, not more than 40 years • If death or serious injury, not less than 20 years, not more than life • Fine not more than $2 million individual, $5 million other than individual	• Not less than 10 years, not more than life • If death or serious injury, not more than life • Fine not more than $4 million individual, $10 million other than individual
Marijuana	50 to 99 kg mixture 50 to 99 plants	• Not more than 20 years • If death or serious injury, not less than 20 years, not more than life • Fine $1 million individual, $5 million other than individual	• Not more than 30 years • If death or serious injury, not more than life • Fine $2 million individual, $10 million other than individual
Marijuana	Less than 50 kg mixture	• Not more than 5 years • Fine not more than $250,000, $1 million other than individual	• Not more than 10 years • Fine $500,000 individual, $2 million other than individual
Hashish	10 kg or more		
Hashish Oil	1 kg or more		

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APPENDIX 3 (cont.)

Federal Penalties and Sanctions for Illegal Trafficking and Possession of a Controlled Substance

Federal Penalties and Sanctions for Illegal Possession of a Controlled Substance

21 U.S.C. 844(a)
1st conviction: Up to 1 year imprisonment and fined at least $1,000 but not more than $100,000, or both.
After 1 prior drug conviction: At least 15 days in prison, not to exceed 2 years and fined at least $2,500 but not more than $250,000, or both.
After 2 or more prior drug convictions: At least 90 days in prison, not to exceed 3 years and fined at least $5,000 but not more than $250,000, or both.
Special sentencing provision for possession of crack cocaine: Mandatory at least 5 years in prison, not to exceed 20 years and fined up to $250,000, or both, if:
(a) 1st conviction and the amount of crack possessed exceeds 5 grams.
(b) 2nd crack conviction and the amount of crack possessed exceeds 3 grams.
(c) 3rd or subsequent crack conviction and the amount of crack possessed exceeds 1 gram.

21 U.S.C. 853(a)(2) and 881(a)(7)
Forfeiture of personal and real property used to possess or to facilitate possession of a controlled substance if that offense is punishable by more than 1 year imprisonment. (See special sentencing provisions re: crack)

21 U.S.C. 881(a)(4)
Forfeiture of vehicles, boats, aircraft or any other conveyance used to transport or conceal a controlled substance.

21 U.S.C. 844a
Civil fine of up to $10,000 (pending adoption of final regulations).

21 U.S.C. 853a
Denial of Federal benefits, such as student loans, grants, contracts, and professional and commercial licenses, up to 1 year for first offense, up to 5 years for second and subsequent offenses.

18 U.S.C. 922(g)
Ineligible to receive or purchase a firearm.

Miscellaneous
Revocation of certain Federal licenses and benefits, e.g., pilot licenses, public housing tenancy, etc., are vested within the authorities of individual Federal agencies.

Note: These are only Federal penalties and sanctions. Additional State penalties and sanctions may apply.

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APPENDIX 4

Health Risks Associated with the Use of Illicit Drugs and Alcohol

Drugs	Physical Dependence	Psychological Dependence	Possible Effects	Effects of Overdose	Withdrawal Syndrome
Narcotics					
Heroin	High	High	• Euphoria • Drowsiness • Respiratory depression • Constricted pupils • Nausea	• Slow and shallow breathing • Clammy skin • Convulsions • Coma • Possible death	• Yawning • Loss of appetite • Irritability • Tremors • Panic • Cramps • Nausea • Runny nose • Chills and sweating • Watery eyes
Morphine	High	High			
Codeine	Moderate	Moderate			
Hydrocodone	High	High			
Hydromorphone	High	High			
Oxycodone	High	High			
Methadone and LAAM	High	High			
Fentanyl and Analogs	High	High			
Other Narcotics	High-Low	High-Low			
Depressants					
Chloral Hydrate	Moderate	Moderate	• Slurred speech • Disorientation • Drunken behavior without odor of alcohol	• Shallow respiration • Clammy skin • Dilated pupils • Weak and rapid pulse • Coma • Possible death	• Anxiety • Insomnia • Tremors • Delirium • Convulsions • Possible death
Barbiturates	High-Moderate	High-Moderate			
Benzodiazepines	Low	Low			
Glutethimide	High	Moderate			
Other Depressants	Moderate	Moderate			

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APPENDIX 4 (cont.)

Health Risks Associated with the Use of Illicit Drugs and Alcohol

Drugs	Physical Dependence	Psychological Dependence	Possible Effects	Effects of Overdose	Withdrawal Syndrome
Stimulants					
Cocaine	Possible	High	• Increased alertness	• Agitation	• Apathy
Amphetamine/ Methamphetamine	Possible	High	• Euphoria • Increased pulse rate and blood pressure • Excitation	• Increased body temperature • Hallucinations • Convulsions	• Long periods of sleep • Irritability • Depression
Methylphenidate	Possible	High	• Insomnia	• Possible death	• Disorientation
Other Stimulants	Possible	High	• Loss of appetite		
Cannibis					
Marijuana	Unknown	Moderate	• Euphoria • Relaxed inhibitions	• Fatigue • Paranoia	• Occasional reports of insomnia
Tetrahydrocannabinol	Unknown	Moderate	• Increased appetite	• Possible Psychosis	• Hyperactivity
Hashish and Hashish Oil	Unknown	Moderate	• Disorientation		• Decreased appetite
Hallucinogens					
LSD	None	Unknown	• Illusions and hallucinations	• Longer	• Unknown
Mescaline and Peyote	None	Unknown	• Altered perception of time and distance	• More intense "trip" episodes	
Amphetamine Variants	Unknown	Unknown		• Psychosis	
Phencyclidine and Analogs	Unknown	High		• Possible death	
Other Hallucinogens	None	Unknown			

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APPENDIX 4 (cont.)

Health Risks Associated with the Use of Illicit Drugs and Alcohol

Drugs	Physical Dependence	Psychological Dependence	Possible Effects	Effects of Overdose	Withdrawal Syndrome
Anabolic Steroids					
Testosterone (Cypionate, Enanthate)	Unknown	Unknown	• Virilization • Acne • Testicular atrophy • Gynecomastia • Aggressive behavior • Edema	• Unknown	• Possible depression
Nandrolone (Decanoate, Phenpropionate)	Unknown	Unknown			
Oxymetholone	Unknown	Unknown			

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Alcohol Effects

Alcohol consumption causes a number of marked changes in behavior. Even low doses significantly impair the judgment and coordination required to drive a car safely, increasing the likelihood that the driver will be involved in an accident. Low to moderate doses of alcohol also increase the incidence of a variety of aggressive acts, including spouse and child abuse. Moderate to high doses of alcohol cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses cause respiratory depression and death. If combined with other depressants of the central nervous system, much lower doses of alcohol will produce the effects just described.

Repeated use of alcohol can lead to dependence. Sudden cessation of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations, and convulsions. Alcohol withdrawal can be life threatening. Long-term consumption of large quantities of alcohol, particularly when combined with poor nutrition, can also lead to permanent damage to vital organs such as the brain and the liver.

Mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants have irreversible physical abnormalities and mental retardation. In addition, research indicates that children of alcoholic parents are at greater risk than other youngsters of becoming alcoholics.

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APPENDIX 5

Harvard University Policy on Drugs and Alcohol: Summary of Massachusetts Substance Abuse Laws

Massachusetts law prohibits the sale or delivery of alcoholic beverages to persons under 21 years of age, with a fine of up to $2,000 and 6 months' imprisonment, or both, for violations. Misrepresenting one's age or falsifying an identification to obtain alcoholic beverages is punishable by a fine of $300.

A first conviction for driving under the influence of alcohol has a penalty of a $1,000 fine, one-year revocation of one's driver's license, up to two years in prison, and mandatory participation in an alcohol rehabilitation program.

Cities and towns in Massachusetts prohibit public consumption of alcohol and impose fines for violations. The Metropolitan District Commission also prohibits public consumption of alcohol in its parks.

Criminal penalities in Massachusetts for the illicit use of controlled substances ("drugs") vary with the type of drug. In general, narcotics, addictive drugs, and drugs with a high potential for abuse have heavier penalties.

Possession of drugs is illegal without valid authorization. While penalties for possession are generally not as great as for manufacture and distribution of drugs, possession of a relatively large quantity may be considered distribution. Under both State and Federal laws, penalties for possession, manufacture and distribution are much greater for second and subsequent convictions. Many of these laws dictate mandatory prison terms and require that the full minimum term be served.

Massachusetts law makes it illegal to be in a place where heroin is kept and to be "in the company" of a person known to possess heroin. Anyone in the presence of heroin at a private party risks a serious drug conviction. Sale and possession of "drug paraphernalia" is also illegal in Massachusetts.

It is illegal in Massachusetts to aid or abet a person under the age of 18 in dispensing, distributing or possessing with the intent to distribute or sell a controlled substance. Conviction leads to a minimum five years prison term.

Persons convicted of drug possession under State or Federal Law may be ineligible for federal student grants and loans for up to one year after the first conviction and five years after the second; the penalty for distributing drugs is loss of benefits for five years after the first, ten years after the second, and permanently after the third conviction.

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APPENDIX 6

University of Georgia Policy on Drugs and Alcohol: Health Risks

Alcohol. Alcohol consumption causes a number of changes in behavior and physiology. Even low doses significantly impair judgment, coordination, and abstract mental functioning. Statistics show that alcohol use is involved in a majority of violent behaviors on college campuses, including acquaintance rape, vandalism, fights, and incidents of drinking and driving. Continued abuse may lead to dependency, which often causes permanent damage to vital organs and deterioration of a healthy lifestyle.

Cannibis (Marijuana, Hashish). The use of marijuana may impair or reduce short-term memory and comprehension, alter sense of time, and reduce coordination and energy level. Users often have a lowered immune system and an increased risk of lung cancer. The active ingredient in marijuana, THC, is stored in the fatty tissues of the brain and reproductive system for a minimum of 28 to 30 days.

Hallucinogens. Lysergic acid (LSD), mescaline, and psilocybin cause illusions and hallucinations. The user may experience panic, confusion, suspicion, anxiety, and loss of control. Delayed effects, or flashbacks, can occur even when use has ceased. Phencyclidine (PCP) affects the section of the brain that controls the intellect and keeps instincts in check. Because the drug blocks pain receptors, violent PCP episodes may result in self-inflicted injuries.

Cocaine/Crack. Cocaine users often have a stuffy, runny nose and may have a perforated nasal septum. The immediate effects of cocaine use include dilated pupils and elevated blood pressure, heart rate, respiratory rate, and body temperature, followed by depression. Crack, or freebase rock cocaine, is extremely addictive and can cause delirium, hallucinations, blurred vision, severe chest pain, muscle spasms, convulsions, and even death.

Amphetamines. Amphetamines can cause a rapid or irregular heartbeat, tremors, loss of coordination, collapse, and death. Heavy users are prone to irrational acts.

Heroin. Heroin is an opiate drug that causes the body to have diminished pain reactions. The use of heroin can result in coma or death due to a reduction in heart rate.

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APPENDIX 7

Southern Illinois University at Carbondale: Some Physical and Psychological Dependence and Effects of Specific Drugs

Drug	Dependence		Possible Effects
	Physical	Psychological	
Narcotics			
Opium	High	High	• Euphoria, drowsiness, depression, constricted pupils, nausea.
Morphine	High	High	
Codeine	Moderate	Moderate	
Heroin	High	High	
Hydromorphine	High	High	
Meperdine/ Pethidine	High	High	
Methadone	High	High-Low	
Other Narcotics	High-Low	High-Low	
Depressants			
Chlorol Hydrate	Moderate	Moderate	• Slurred speech, disorientation, drunken behavior without odor of alcohol.
Barbiturates	High-Moderate	High-Moderate	
Benzodiazepines	Low	Low	
Methaqualone	High	High	
Glutethimide	High	High	
Other Depressants	Moderate	Moderate	

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APPENDIX 7 (cont.)

Southern Illinois University at Carbondale: Some Physical and Psychological Dependence and Effects of Specific Drugs

Drug	Dependence		Possible Effects
	Physical	Psychological	
Stimulants			
Cocaine/Crack	Possible	High	• Increased alertness, excitation, increased pulse rate & blood pressure, insomnia, loss of appetite.
Amphetamines	Possible	High	
Phenmetrazine	Possible	High	
Methylphenidate	Possible	High	
Other Stimulants	Possible	High	
Hallucinogens			
LSD	None	Unknown	• Illusions and hallucinations, poor perception of time and distance.
Mescaline/Peyote	None	Unknown	
Phencyclidine	Unknown	Unknown	
Phencyclidine Analogues	Unknown	High	
Other Hallucinogens	None	Unknown	

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APPENDIX 7 (cont.)

Southern Illinois University at Carbondale: Some Physical and Psychological Dependence and Effects of Specific Drugs

Drug	Dependence		Possible Effects
	Physical	Psychological	
Cannibis			
Marijuana	Unknown	Moderate	• Euphoria, relaxed inhibitions, increased appetite, disoriented behaviors.
Tetrahydrocannabis	Unknown	Moderate	
Hashish	Unknown	Moderate	
Hashish Oil	Unknown	Moderate	
Alcohol	Moderate	High	• Reduced coordination and alertness; large doses can cause unconsciousness, hypothermia, respiratory arrest, death.
Anabolic Steroids	Unknown	Unknown	• Liver and kidney dysfunction, testicular atrophy, premature closure of bone growth plates, hair loss, acne, heart failure.
Inhalants	Unknown	High	• Nausea, nosebleeds, loss of consciousness (at high doses); damage to organs and nervous system (long-term use).
Caffeine	Unknown	High	• Nausea, diarrhea, sleeplessness, headache, trembling.
Nicotine	High	High	• Cancer of lungs, larynx, mouth.

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Publications available from ...

The Higher Education Center for Alcohol and Other Drug Prevention

Please contact us (see back cover) for information on obtaining the following materials:

- Setting and Improving Policies for Reducing Alcohol and Other Drug Problems on Campus: A Guide for Administrators *(62 pp.)*
- Preventing Alcohol-Related Problems on Campus:
  - Acquaintance Rape: A Guide for Program Coordinators *(74 pp.)*
  - Methods for Assessing Student Use of Alcohol and Other Drugs *(48 pp.)*
  - Substance-Free Residence Halls *(62 pp.)*
  - Vandalism *(8 pp.)*
- College Alcohol Risk Assessment Guide: Environmental Approaches to Prevention *(103 pp.)*
- Raising More Voices than Mugs: Changing the College Alcohol Environment through Media Advocacy *(74 pp.)*
- Institutionalizing Your AOD Prevention Program *(8 pp.)*
- A Social Norms Approach to Preventing Binge Drinking at Colleges and Universities *(32 pp.)*
- Complying with the Drug-Free Schools and Campuses Regulations (34 CFR Part 86): A Guide for University and College Administrators *(36 pp.)*
- Rethinking the Campus Environment: A Guide for Substance Abuse Prevention *(39 pp.)*
- Alcohol and Other Drug Prevention: A Bulletin for Fraternity & Sorority Advisers *(39 pp.)*
- Binge Drinking on Campus: Results of a National Study *(8 pp.)*
- Secondary Effects of Binge Drinking on College Campuses *(8 pp.)*
- Special Event Planner's Guidebook *(16 pp.)*

Fact Sheets/ Prevention Updates

- Alcohol and Other Drug Use and Sexual Assault
- College Academic Performance and Alcohol and Other Drug Use
- Alcohol and Other Drug Use Among College Athletes
- Alcohol, Other Drugs, and Interpersonal Violence
- Alcohol Use Among Fraternity and Sorority Members
- Getting Started on Campus: Tips for New AOD Coordinators
- Responsible Hospitality Service Prevention
- Social Marketing for Prevention

Center

For Alcohol and Other Drug Prevention

Our Mission

The mission of the Higher Education Center for Alcohol and Other Drug Prevention is to assist institutions of higher education in developing alcohol and other drug (AOD) prevention programs that will foster students' academic and social development and promote campus and community safety.

How We Can Help

The Center offers an integrated array of services to help people at colleges and universities adopt effective AOD prevention strategies:

- Training and professional development activities
- Resources, referrals, and consultations
- Publication and dissemination of prevention materials
- Support for the Network of Colleges and Universities Committed to the Elimination of Drug and Alcohol Abuse
- Assessment, evaluation, and analysis activities

Read Our Newsletter

Keep up to date with the *Catalyst*. Learn about important developments in AOD prevention in higher education. To receive free copies, ask to be put on our mailing list.

Get in Touch

Additional information can be obtained by contacting:

The Higher Education Center for Alcohol and Other Drug Prevention
Education Development Center, Inc.
55 Chapel Street
Newton, MA 02158-1060

Web site: http://www.edc.org/hec/
Phone: 800-676-1730
E-mail: HigherEdCtr@edc.org

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